

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID No.	DATE
FEE DETERMINATION	ET		9-20-99
O.I.P.E. CLASSIFIER		16	9-22-99
FORMALITY REVIEW	CG	64665	9-27-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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